

PERSONAL INFORMATION PROVIDED TO THE WASHINGTON DEPARTMENT OF FISH AND WILDLIFE MAY BE DISCLOSED VIA A PUBLIC RECORDS REQUEST.

All the information you provide in this application form becomes a public record that may be subject to inspection and copying by members of the public, unless an exemption in law exists. The Department's policy regarding Privacy Protection and Public Disclosure Requests is available upon request.

Please allow 30 days for processing of this application.

Falo	conry Permit U	pgrade Applic	cation
Name:	<u> </u>	<u> </u>	Male Female
Date of Birth:		WA Falconry Permit #:	
Contact and Facility Informati	on		
Home Phone:	Work Phone:	Cell	Phone:
Email:			
MAILING ADDRESS:	City:	Zip Code	: County:
FACILITY ADDRESS:	City:	Zip Code	: County:
HOME ADDRESS:	City:	Zip Code	: County:
1. List the raptor(s) you have	Dates held - Mo/Day/Year	•	
2. List the raptor(s) currently	in your possession.		Date Acquired – Mo/Day/Year
Species			Date Acquired – Mo/Day/Tear
manning, training, flying, and	d hunting your raptor(s) as	an Apprentice Falconer, i	and methods for maintaining, ncluding how long it took for l(s), when your raptor took its

If Yes, what is your number 15. List the species (common	t? (Found on your Hunting ber:		raptor(s) and which raptors
took that quarry and in what	t year.		
Quarry	Which raptor	Month(s)	Year(s)
Please estimate your time	with your Apprentice, i.e. ho		No No Month did you spend with
Please estimate your time veryour Apprentice teaching and Sponsor Certification	nd practicing falconry:	w many hours/week or days	month did you spend with
Sponsor Certification equivalent for at least two year each year. I have personal knapplicant is qualified to attain	nd practicing falconry:	w many hours/week or days nt) has practiced falconry at to ag, flying, and hunting the rapi ractice and abilities of, the ab	month did you spend with the apprentice falconer level or tor(s) for at least four months in ove applicant. I believe this or a General Falconry Permit.
Sponsor Certification equivalent for at least two year each year. I have personal knupplicant is qualified to attain to certify that the information submoved each belief.	nd practicing falconry: (name of applica rs including maintaining, trainin owledge of, and witnessed the p General Falconer status and he	w many hours/week or days nt) has practiced falconry at to ag, flying, and hunting the rapi ractice and abilities of, the ab	month did you spend with the apprentice falconer level or tor(s) for at least four months in ove applicant. I believe this or a General Falconry Permit.
Sponsor Certification equivalent for at least two year each year. I have personal knowledge and information such owners and belief. Signature of Sponsor	nd practicing falconry: (name of applicants including maintaining, training owledge of, and witnessed the parties of the	mt) has practiced falconry at to ag, flying, and hunting the rapi ractice and abilities of, the ab- areby recommend this person for the applicant is complete and a	month did you spend with the apprentice falconer level or tor(s) for at least four months in ove applicant. I believe this or a General Falconry Permit.
Sponsor Certification equivalent for at least two year each year. I have personal knowledge and information such owners and belief. Signature of Sponsor	nd practicing falconry: (name of applicants including maintaining, training owledge of, and witnessed the parties of the	mt) has practiced falconry at to ag, flying, and hunting the rapi ractice and abilities of, the ab- areby recommend this person for the applicant is complete and a	month did you spend with the apprentice falconer level or tor(s) for at least four months in ove applicant. I believe this or a General Falconry Permit.
Sponsor Certification equivalent for at least two year each year. I have personal kn applicant is qualified to attain a certify that the information suknowledge and belief. Signature of Sponsor Person signing application,	nd practicing falconry: (name of applicants including maintaining, training owledge of, and witnessed the parties of the	mt) has practiced falconry at to ag, flying, and hunting the rapi ractice and abilities of, the ab- areby recommend this person for the applicant is complete and a	month did you spend with the apprentice falconer level or tor(s) for at least four months in ove applicant. I believe this or a General Falconry Permit.

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Applicant's Signature		Date	
Signature of Parent or Guardian ((if applicant is under 18 years of age) Date	
	Upgrade General to Mas	ter Falconry Permit	
Describe your experience years in which these activities		al Falconer level with your own rapto	or(s) and include
years) these raptors were hel	d:	me as a General falconer and the date	es (months and
= -		me as a General falconer and the date Disposition if not in possession	es (months and
years) these raptors were hel	d:		es (months and
years) these raptors were hel	d:		es (months and
years) these raptors were hel	d:		es (months and
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years) these raptors were hel	d:		es (months and
years) these raptors were hel	d:		es (months and
years) these raptors were hel	Dates held		es (months and
years) these raptors were hel	Dates held		

Quarry	Which raptor
5. Describe any other pertinent experience	e and qualifications:
or 2 course unity contact personal emperiors	, m.u. q.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6. Applicant Certification for Upgra	de to Master:
I certify that the information I have submi understand that any false statement herein	
I certify that the information I have submi understand that any false statement herein penalties.	ted is complete and accurate to the best of my knowledge and belief.
certify that the information I have submi understand that any false statement herein penalties.	ted is complete and accurate to the best of my knowledge and belief. may subject me to cancellation of the application and /or criminal
I certify that the information I have submituation and that any false statement hereingenalties. Applicant's Signature	ted is complete and accurate to the best of my knowledge and belief. may subject me to cancellation of the application and /or criminal
certify that the information I have submitted and that any false statement herein the cenalties. Applicant's Signature The age are a continuous continuo	ted is complete and accurate to the best of my knowledge and belief. may subject me to cancellation of the application and /or criminal
certify that the information I have subminderstand that any false statement hereingenalties. Applicant's Signature lease return Application to: n.mannas@dfw.wa.gov	ted is complete and accurate to the best of my knowledge and belief. may subject me to cancellation of the application and /or criminal
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